

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/25/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRVIEW FAMILY CARE HOME # 1

**256 GRAVELY BRANCH ROAD
FLETCHER, NC 28732**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Complaint Survey on March 25, 2015 beginning at 2:30PM and Ending at 3:00PM at the above referenced facility. DHSR records indicate the home was first licensed on August 28, 1986 as a Family Care Home for Six Ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care facilities.</p> <p>At the time of our visit, the we observed deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>MAY 12 2015</p> <p>RECEIVED</p>	
C 116	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.</p> <p>This Rule is not met as evidenced by: 1. During a joint complaint survey with D.S.S. and DENR the condition of the well head on the well supplying the facility was questioned by the</p>	C 116	<p>← This will be completed by 5-14-2015</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Shirley M. Creech

Administrator

STATE FORM

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XKWK21

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER FAIRVIEW FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 256 GRAVELY BRANCH ROAD FLETCHER, NC 28732		
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C 116	<p>Continued From page 1</p> <p>DENR Supervisor. Coordinate a full evaluation of the well head with DENR and bring the well head into compliance with all DENR rules and regulations. Provide the DHSR construction section with copies of all permits, approvals, invoices, workorders, and any other supporting documentation when any necessary repairs are complete.</p> <p>2. During the survey a septic system failure was observed in the drain field below the facility. At the time of the survey the DENR Supervisor was unable to determine what facility the failing drainfield was connected to. Coordinate a full evaluation of the septic system with DENR and bring the system into compliance with all DENR rules and regulations. Provide the DHSR construction section with copies of all permits, approvals, invoices, workorders, and any other supporting documentation when any necessary repairs are complete.</p> <p>3. Water samples obtained by DENR showed an unacceptable level of chlorophorm in the water. A plan of protection is in place and the facility water is not to be used for drinking, or bathing, and must be boiled before cooking or washing dishes. Consult with DENR on steps that need to be taken to sanitize the water. After sanitization contact DENR and obtain two passing water samples before the water can be used for drinking, bathing, or cooking. Provide the DHSR Construction section with all test results, inspection reports, invoices, and any other supporting documentation concerning this deficiency.</p>	C 116		

← This will be completed by 5-12-15